

Case Number:	CM15-0043809		
Date Assigned:	03/13/2015	Date of Injury:	09/21/1993
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55-year-old female, with a reported date of injury of 09/21/1993. The diagnoses include chronic low back pain at L5-S1, mid lumbar disc degeneration, and probable facet joint mediated pain at L5-S1. Treatments to date included oral medication. The medical report dated 12/01/2014 indicates that the injured worker had been experiencing low back pain. The objective findings did not include an examination of the lumbar spine. It was noted that the Celebrex (celecoxib) had been helpful for the injured worker without side effects. The treating physician requested Celecoxib 200mg #30, with two refills for pain and inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Celecoxib capsules 200mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 55 year old female with an injury on 09/21/1993. She has low back pain. The requested 3 month supply is for an NSAID medication. MTUS, Chronic Pain guidelines do not recommend chronic (long term) treatment with NSAIDS. These medications are associated with an increased risk of cardiovascular disease, GI disease, renal disease and liver disease. They also decrease soft tissue healing. Colecoxib is not medically necessary for this patient.